## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

**Facility Name: HAUGE FOSTER HOME (0009923)** 

Address: 807 N GLENDALE AVENUE, TOMAH, WI 54660

**License Status: REGULAR** 

Licensed/Certified/Registered 01/13/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

## **Survey History**

Survey ID: 0094044 End Date: 01/26/2005 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10009804 Served 02/04/2005

. #10009001 Betvee 02/0 #2005				
			<u>Compliance</u>	
	<u>Deficiencies Cited</u>	Subject Area	<u>Verified</u>	Corrected
	88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
	88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
	88.05(2)(a)	DIFFICULTY WALKING		
	88.05(2)(b)	GRAB BARS IN TOILET AREA		
	88.05(3)(b)	FREE OF HAZARDS		
	88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
	88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
	88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
	88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
	88.06(3)(f)	REVIEW OF ISP		
	88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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